## January 2006



## MEDICARE ADVANTAGE/ MEDICARE HEALTH PLANS

(Formerly called MEDICARE+CHOICE plans)

## offered in Washington State

Always check with the plan for current information and premiums. There are limited enrollment opportunities in some counties.

Plan	Type of Plan	Copayment Information	Copayment Information (See "Key" on last page)	
Asuris Northwest Health Asuris Northwest Health	Preferred Provider	Office Visit= \$5 *Routine Exam=\$5	DS, EE, EG, HE, \$1,500 In-Network OOP,	□ Spokane \$89
MedAdvantage 1-866-704-2708 www.asurisnorthwesthealth.com	Organization	ER Visit= \$ 50 (waived if admitted) Hospital Stay= \$100/day (1 <sup>st</sup> – 3 <sup>rd</sup> day)	Nurse Hotline, Worldwide Emergency Coverage.  No referrals are required to see specialist.	□ Spokane \$106 (with Medicare Part D Prescription Drug Coverage)
Columbia Community Care  - Basic 1-800-658-2313 www.columbiacommunitycar e.com	Managed Care	Office Visit=\$20 Specialist Visit =\$35 *Routine Exam=\$20 ER Visit=\$50 (waived if admitted) Hospital Stay= \$150/day (1st - 5th day)	EE, EG, Worldwide Emergency Coverage	□ Yakima/Tri-cities \$0
Columbia Community Care - Plus 1-800-658-2313 www.columbiacommunitycar e.com	Managed Care	Office Visit=\$20 Specialist Visit =\$30 *Routine Exam=\$20 ER Visit=\$50 (waived if admitted) Hospital Stay= \$125/day (1st - 5th day)	EE, EG, Medicare Part D Prescription Drug Coverage, Worldwide Emergency Coverage	□ Yakima/Tri-cities \$20

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium
Columbia Community Care  – Premier 1-800-658-2313 www.columbiacommunitycar e.com	Managed Care	Office Visit=\$15 Specialist Visit =\$35 *Routine Exam=\$15 ER Visit=\$50 (waived if admitted) Hospital Stay= \$150/day (1 <sup>st</sup> - 5 <sup>th</sup> day)	EE, EG, Medicare Part D Prescription Drug Coverage, Worldwide Emergency Coverage	□ Yakima/Tri-cities \$40
Group Health Cooperative GHC Medicare Plan (Medicare Parts A & B) 1-800-446-8882 www.ghc.org	Managed Care	Office Visit= \$15 *Routine Exam=\$0 (once every 2 years) ER Visit= \$50 (waived if admitted) Hospital Stay= \$100 (1 <sup>st</sup> - 3 <sup>rd</sup> day)	EE, EG, FT, HA, HE, SC, \$1,000 OOP, POS, Out- of-Service-area care, Worldwide Emergency Coverage	<ul> <li>□ Island, Kitsap, Lewis San Juan, Skagit, Snohomish, parts of Grays Harbor, Whatcom \$112</li> <li>□ King, Mason, Pierce, Spokane, Thurston \$83</li> </ul>
Group Health Cooperative GHC Medicare Plan (Medicare Parts A, B, &D) 1-800-466-8882 www.ghc.org	Managed Care	Office Visit=\$15 *Routine Exam=\$0 (once every 2 years) ER Visit= \$50 (waived if admitted) Hospital Stay= \$100 (1 <sup>st</sup> - 3 <sup>rd</sup> day)	EE, EG, HA, HE, SC, POS, \$1,000 OOP, Medicare Part D Prescription Drug Coverage, Worldwide Emergency Coverage,	<ul> <li>□ Island, Kitsap, Lewis, San Juan, Skagit, Snohomish, Whatcom, parts of Grays Harbor \$144</li> <li>□ King, Mason, Pierce, Spokane, Thurston \$111</li> </ul>

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium
Health Net Option Plus 1-800-822-7698 www.healthnet.com	Preferred Provider Organization	Office Visit=\$10 Specialist Visit :\$20 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$100	□ Clark \$53	
Health Net Option Plus Rx 1-800-822-7698 www.healthnet.com	Preferred Provider Organization	Office Visit=\$10 Specialist Visit =\$20 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$100/day (1st- 2 <sup>nd</sup> day)  DS, EE, EG, Alternative Medicine, Disease Management, Medicare Part D Prescription Drug Coverage, \$1,500 OOP In-Network, Worldwide Emergency Coverage		□ Clark \$67
Kaiser Permanente NW Senior Advantage 1-800-813-2000 www.kaiserpermanente.org	Managed Care	Office Visit=\$15 *Routine Exam=\$15 (once every 2 years) ER Visit=\$50 Hospital Stay=\$150/day (1st - 4th day)	EE, EG, HE, FT, SC, Medicare Part D Prescription Drug Coverage, \$1,750 OOP Worldwide Emergency Coverage	<ul><li>□ Cowlitz, Lewis, Wahkiakum \$86</li><li>□ Clark \$76</li></ul>
Kaiser Permanente NW Senior Advantage II 1-800-813-2000 www.kaiserpermanente.org	Managed Care	Office Visit=\$15 *Routine Exam=\$15 (once every 2 years) ER Visit= \$50 Hospital Stay= \$200	EE, EG, HA, HE, FT, SC, Expanded Care benefit, \$1,000 OOP, Medicare Part D Prescription Drug Coverage, Worldwide Emergency Coverage	□ Clark \$210.01
PacifiCare of Washington Secure Horizons Classic Plan 1-800-255-6673 www.securehorizons.com	Managed Care	Office Visit=\$10 Specialist Visit: \$20 *Routine Exam=\$10 ER Visit=\$50 Hospital Stay= \$400/stay	EE, EG, DS (Optional), Medicare Part D Prescription Drug Coverage, Worldwide Emergency Coverage	□ Clark \$87 □ Cowlitz \$20

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium
PacifiCare of Washington Secure Horizons Classic Plan 1-800-385-5588 www.securehorizons.com	Managed Care	Specialist Visit: \$30 *Routine Exam=\$15  Medicare Part D Prescription Drug		<ul><li>King, Lewis, Pierce, Thurston \$88</li><li>Snohomish, Parts of Island \$66</li></ul>
PacifiCare of Washington Secure Horizons Value Plan 1-800-255-6673 www.securehorizons.com	Managed Care			□ King, Lewis, Pierce, Thurston \$95
PacifiCare of Washington Secure Horizons Direct Plan 1 and Plan 6 1-800-255-6673 www.securehorizons.com	Private Fee For Service	Office Visit=\$5 Specialist Visit=\$15 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$300/stay	\$2,000 OOP, EE, EG, Worldwide Emergency Coverage	□ Clark, Kitsap, Skamania \$0
PacifiCare of Washington Secure Horizons Direct Plan 2 1-800-776-8876 www.securehorizons.com	Private Fee For Service	Office Visit=\$10 Specialist Visit=\$20 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$400/stay \$2,000 OOP, EE, EG, Worldwide Emergency Coverage		□ Island, Klickitat, Snohomish, Spokane, Walla Walla \$0
PacifiCare of Washington Secure Horizons Direct Plan 3 1-800-776-8876 www.securehorizons.com	Private Fee For Service	Office Visit=\$10 Specialist Visit=\$20 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$600/stay	\$3,000 OOP, EE, EG, Worldwide Emergency Coverage	□ Clallam, Columbia, King, Kittitas, Pierce, San Juan, Thurston, Wahkiakum, Whatcom, Yakima \$0

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium
PacifiCare of Washington Secure Horizons Direct Plan 4 1-800-776-8876 www.securehorizons.com	Private Fee For Service	Office Visit=\$10 Specialist Visit=\$20 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$200/day (1 <sup>st</sup> - 4 <sup>th</sup> day) \$3,000 OOP, EE, EG, Worldwide Emergency Coverage		□ Cowlitz, Mason, Stevens \$25
PacifiCare of Washington Secure Horizons Direct Piemier Plan 200 1-800-776-8876 www.securehorizons.com	Private Fee For Service	Office Visit=\$0 Specialist Visit=\$0 *Routine Exam=\$0 ER Visit=\$50 Hospital Stay=\$0/stay	\$500 OOP, EE, EG, Wellness Programs, Worldwide Emergency Coverage	□ Clallam, Clark, Columbia, Cowlitz, Island, King, Kitsap, Kittitas, Klickitat, Mason, Pierce, San Juan, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Yakima \$85
Providence Health Plan Providence Medicare Extra Plan 1 1-800-988-0088 www.providence.org	Managed Care	Office Visit=\$15 Specialist Visit=\$15 *Routine Exam=\$15 ER Visit=\$50 (waived if admitted in 24 hours) Hospital Stay= \$250/stay (\$500 max per year)	EE, SC, Disease Management, Nursing Hotline, Nutritional Training, Worldwide Emergency Coverage	<ul> <li>□ Clark \$75</li> <li>□ Clark \$115 (with Medicare Part D Prescription Drug Coverage)</li> </ul>

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium
Providence Health Plan Providence Medicare Extra Plan 2 1-800-988-0088 www.providence.org	Managed Care	Office Visit=\$20 Specialist Visit=\$20 *Routine Exam=\$20 ER Visit=\$50 (waived if admitted in 24 hours) Hospital Stay= \$350/stay (\$2,500 max per year)	EE, SC, Disease Management, Nursing Hotline, Nutritional Training, Worldwide Emergency Coverage	□ Clark \$40 □ Clark \$80 (with Medicare Part D Prescription Drug Coverage)
Regence BlueShield 1-888-344-8234 www.wa.regence.com	Preferred Provider Organization	Office Visit=\$5 Specialist Visit=\$5 *Routine Exam=\$5 ER Visit=\$50 (waived if admitted within 48 hours) Hospital Stay= \$100/day (1 <sup>st</sup> - 3 <sup>rd</sup> day)	DS, EE, EG, Health Ed Classes, Nursing Hotline, \$1,500 OOP In-Network, \$3,000 OOP Out of Network, Worldwide Emergency Coverage	<ul> <li>Clallam, King, Kitsap, Pierce, Skagit, Snohomish, Thurston Whatcom, Yakima \$99</li> <li>Clallam, King, Kitsap, Pierce, Skagit, Snohomish, Thurston Whatcom, Yakima \$116 (with Medicare Part D Prescription Drug Coverage)</li> </ul>

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium	
Regence BlueCross BlueShield of Oregon MedAdvantage 1-800-452-2909 www.or.regence.com	Preferred Provider Organization	Office Visit=\$5 Specialist Visit=\$5 *Routine Exam=\$5 ER Visit=\$50 Hospital Stay=\$100/day (1 <sup>st</sup> – 3 <sup>rd</sup> day)	DS, EE, EG, Health Ed Classes, Nursing Hotline, \$1,500 OOP In-Network, \$3,000 OOP Out of Network, Worldwide Emergency Coverage	□ Clark \$72 □ Clark \$89 (with Medicare Part D Prescription Drug Coverage)	
Regence HMO of Oregon First Choice 65 1-800-452-2909 www.or.regence.com	Managed Care	Office Visit=\$20 Specialist Visit=\$20 *Routine Exam=\$20 ER Visit=\$50 (waived if admitted) Hospital Stay= \$100/day (1 <sup>st</sup> - 8 <sup>th</sup> day)	EE, EG, \$1,500 OOP In- Network, \$3,000 Out of Network, Congestive Health Programs, Disease Management, Health Ed Classes, Nutritional Training, Worldwide Emergency Coverage	□ Clark \$69 □ Clark \$87 (with Medicare Part D Prescription Drug Coverage)	
Spokane Community Care Basic 1-800-573-8609 www.spokanecommunitycar e.com	Managed Care	Office Visit=\$15 Specialist Visit =\$30 *Routine Exam=\$15 ER Visit=\$50 Hospital Stay= \$150/day (1st - 5th day)	EE, EG, Worldwide Emergency Coverage	□ Spokane \$0	
Spokane Community Care Plus 1-800-573-8609 www.spokanecommunitycar e.com	Managed Care	Office Visit=\$10 Specialist Visit =\$25 *Routine Exam=\$10 ER Visit=\$50 Hospital Stay= \$125/day (1st - 5th day)	EE, EG, Medicare Part D Prescription Drug Coverage, Worldwide Emergency Coverage	□ Spokane \$0	

Plan	Type of Plan	Copayment Information	Additional Information (See "Key" on last page)	Counties Served/ Monthly Premium
Spokane Community Care Premier 1-800-573-8609 www.spokanecommunitycar e.com	Managed Care	Office Visit=\$5 Specialist Visit =\$20 *Routine Exam=\$5 ER Visit=\$50 Hospital Stay= \$50/day (1st - 5th day)	□ Spokane \$35	
Sterling Life Insurance Co. Sterling Option 1 1-888-858-8572 www.sterlingplans.com	Private Fee- For-Service (PFFS) Plan	Office Visit=\$10 Specialist Visit=\$35 *Routine Exam=\$0 ER visit=\$50 (waived if admitted) Hospital Stay= \$150/day (1 <sup>st</sup> – 5 <sup>th</sup> day)	EE, HE, DS, Nursing Hotline, Disease Management, Worldwide Emergency Coverage  Can self-refer to specialists who accept the Sterling Option I Plan,	□ All Washington Counties \$9
United Healthcare Insurance Company Evercare IH 1-800-727-5142 www.evercareonline.com	Managed Care	Office Visit=\$0 Specialist Visit=20% *Routine Exam=\$0 ER visit=\$50 (waived if admitted) Hospital Stay=\$195/day (1 <sup>st</sup> -12 <sup>th</sup> day)	EE, Medicare Part D Prescription Drug Coverage, Wellness Services * Available to certain skilled nursing facilities residents	☐ King, Pierce, Snohomish \$29.24 (with Medicare Part D Prescription Drug Coverage)
United Healthcare Insurance Company Evercare Premier 1-800-727-5142 www.evercareonline.com http://fortress.wa.gov/dshs/maa/mmip/	Managed Care	Office Visit=\$0 Specialist Visit=\$0 *Routine Exam=\$0 ER visit=\$0 Hospital Stay=\$0	*This plan is part of the Medicare/Medicaid Integration Project and only offers to people who have both Medicare and Medicaid. Contact plan for more information.	□ King, Pierce \$0

This is only an overview. Consult plan contract for details. Most benefits are subject to Medicare guidelines. Contact plan for enrollment details.

## **KEY**

DS	Dental Service	EE	Eye Exam
EG	Eye Glasses	FT	Fitness Classes and/or Health Club Membership
НА	Hearing Aid	HE	Hearing Exam
ООР	Out-of-Pocket (maximum per year)	POS	Point of Service- member responsible for coinsurance, deductibles and OOP
Rx	Prescription Drugs	sc	Smoking Cessation
SNF	Skilled Nursing Facility Care	*	If your Medicare coverage begins on or after January 1 <sup>st</sup> , 2005, you may receive a one-time physical exam within the first six months.

Additional Medicare Health Plan Information is available at Medicare's web site: <a href="www.medicare.gov">www.medicare.gov</a>
The inclusion of a company on this list does not constitute an endorsement of a company or its policies by the Washington State Insurance Commissioner's Office, SHIBA HelpLine or its volunteers.

Visit our web page at www.insurance.wa.gov

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